

Louisville Metro Health Department

HIPAA Privacy Notice

(Health Insurance Portability and Accountability Act)



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

Your confidentiality is important to us at the Louisville Metro Health Department. We strive to protect the identity and privacy of all our clients' Personal Health Information.

*****NOTE:**

"You" refers to you, our patient/client. "We" and "Our" refers to the Louisville Metro Health Department staff.

Your Health Care Rights

Patients/clients have the following rights with respect to medical information:

- Receive a written privacy notice by computer, fax machine or paper format
- Ask that only certain parts of your personal health information be given to others
- Withdraw your consent to use health information unless that action has already been taken
- Receive confidential communications of your personal health information
- Correct or add to your personal health information (your request must be in writing, specifying a reason for the changes)
- Review and/or receive a copy of your personal health information
- Receive an account of all who receives your personal health information.

You may file a complaint without cost or penalty if you believe your privacy rights have been violated. To file a complaint with the Louisville Metro Health Department please contact:

**HIPAA Privacy Officer
Louisville Metro Health Department
400 East Gray Street
Louisville, KY 40202
Phone: (502) 574-8409**

To file a complaint with the Department of Health and Human Services, send your complaint to:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201**

Responsibilities

Louisville Metro Health Department is required by Public Law 104-191 to maintain the privacy of medical information of patients/clients and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. The following describes how we may use or give out medical information about you.

For Treatment

We may give your medical information to our health care staff and other medical providers involved in your care and treatment. **EXAMPLE:** If we refer you to another healthcare provider, such as a specialist or hospital, we will give your medical information to that provider so they will have the information needed for your treatment or services.

For Payment

We may share medical information about you so we can be paid for services. This may include billing you, your insurance company, or a third party payor.

EXAMPLE: We may give your insurance company medical billing information so that we receive payment. We may also provide information about your medical condition to a government program, such as Medicare or Medicaid to determine if that program covers you.

For Health Care Operations

We may share your medical information about you among our staff to carry out our health care operations. This is necessary to maintain a high standard of care. **EXAMPLE:** Members of our medical staff and the quality improvement team may use information in your health record to review the care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality of health care and service we provide. We may also share your medical information to train our staff and medical/nursing students working at the Louisville Metro Health Department.



There are some services provided in our department through business associates/contract providers. We may share your health information with these agencies so they can perform services requested and bill you or your insurance payer for services provided. These services include lab tests, screening and diagnostic services, and certain other medical services. To protect your health information, we require the business associates/contract providers to safeguard your information in the same manner as we do.

Contacting You

We may contact you by either telephone or by mail at your home or work. You may also be contacted by our automated telephone service that is used to remind you of scheduled appointments, unless you tell us otherwise, in writing.





Research

We may share information with researchers when their research has been approved by an Institutional Review Board (IRB). This board reviews research proposals and establishes rules that ensure the privacy of your health information.

Communication with Your Family

Our medical staff, using their best judgment, may share health information necessary for your care or payment related to your care with a family member or close personal friend you identify.

Funeral Director/Coroners and Medical Examiners

When required by law, we will release information to funeral directors. We may also provide medical information about you to a coroner or medical examiner to identify a deceased person and determine cause of death.



Parents and Minors

State laws or other laws may decide whether parents will be provided health information on their children. With limited exceptions based on state or other laws, parents control the health information of their children.

Government Agencies

We may share health information about you with a government agency when there is a harmful event with food, supplements, products or product defects.

Persons in Custody/Inmates

If you are or become an inmate of a correctional institution, we may share health information necessary for your health and the health and safety of other individuals with the institution and/or its agencies.

Workers Compensation

We may share health information that is permitted and necessary as required by workers' compensation law related to work related injuries or illness.

Required by Law

We may disclose your health information for law enforcement purposes as required by law including the following:



Public Health Services - Federal and state law requires certain health information to be given to an appropriate health oversight agency, public health authority, or government agency. The law permits these agencies to collect or receive this information for purposes of preventing or controlling disease and disaster occurrences.

Victims of Abuse, Neglect or Domestic Violence – If we believe you or your child is a victim of abuse, neglect, or violence, we are required to report such information to the appropriate state enforcement agency.

Note: Except for special situations, we will not use or give out your personal health information for any other purpose, unless you provide written permission. You have the right to withdraw that permission at any time, except if we have already released information from your earlier permission

Please direct all questions, comments and concerns to:

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Louisville, KY 40202
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Effective April 14, 2003